

DIVORCE WITH CHILDREN

For Petitioner Only

1

To File for Divorce

Part 1: Petition and First Court Papers
(Forms Packet)

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SELF-SERVICE CENTER
DIVORCE WITH CHILDREN
FOR PETITIONER ONLY

PART 1 -- PETITION AND FIRST COURT PAPERS

This packet contains general court forms about filing a divorce petition for a non-covenant marriage and other papers when there are children common to the parties. Be sure the documents are in the following order:

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SELF-SERVICE CENTER

PETITION FOR DISSOLUTION OF NON-COVENANT MARRIAGE (DIVORCE) WITH CHILDREN CHECKLIST

Use the forms and instructions in this packet **ONLY** if the following factors apply to your situation:

- ✓ You want to file a petition for divorce, **AND**,
- ✓ You do **not** have a “covenant” marriage (These papers will **not** work for a covenant marriage).* **AND**,
- ✓ You and your spouse have children with each other OR the wife is pregnant by the husband or will be pregnant by the husband before the divorce is over **AND**,
- ✓ The children resided (lived) in Arizona at least 6 months before you file the petition or you talked to a lawyer who advised you that you could pursue the case in Arizona **AND**,
- ✓ Either spouse lived in Arizona at least 90 days before you file the Petition, or is a member of the armed forces and is stationed in Arizona at least 90 days before you file **AND**,
- ✓ You believe that the marriage is irretrievably broken (you and your spouse cannot make this marriage work) **AND**,
- ✓ You or your spouse have either tried to resolve your marital problems through Conciliation Services, or there is no point in trying to resolve your marital problems.

***What is a “Covenant Marriage”? As of August 21, 1998, the Arizona Legislature created a new type of marriage called “covenant” marriage. To have a covenant marriage, both husband and wife would have had to:**

- **sign papers (essentially a contract) requesting to have a covenant marriage;**
- **attend pre-marital counseling; AND**
- **your marriage license would say “Covenant Marriage.”**

If you were married *before* August 21, 1998 and have not signed papers to *convert* your marriage to a covenant marriage, you do *not* have a covenant marriage.

If you still have questions about whether you have a covenant marriage, see a lawyer for help.

READ ME: Before filing documents with the Court, consult a **lawyer** to help guard against undesired and unexpected consequences. The Self-Service Center has a list of lawyers who can give you legal advice and who can help you on a task-by-task basis for a fee, and a list of court-approved mediators as well. You may view the lists at the Self-Service Centers or from our web site at:

<http://www.superiorcourt.maricopa.gov/ssc/provider/lawyers.asp>

Superior Court of Arizona
Maricopa County
Family Court Cover Sheet

For Use *WITH* Minor Children

Check only one:

- ☐ Dissolution (Divorce)
☐ Legal Separation
☐ Annulment
☐ Order of Protection
☐ Paternity
☐* Custody/Visitation
☐* Child Support
☐ Other _____

* Check only if no other category applies

**Case Number (Clerk will stamp
case # when documents are filed)**

ATLAS number(s): (if applicable)

Instructions:

- You must provide the following information about yourself and the other party.
- Type or print neatly in black ink.
- If more room is needed for children or Petitioner/Respondent, please attach a separate page.

Information About the Petitioner:

Name: _____

Address: _____

City, State, Zip: _____

Home phone #: (____) _____

Work phone number: (____) _____

Cell phone/pager: (____) _____

Date of Birth: _____

Social Security _____

E-mail address: _____

Information About the Respondent:

Name: _____

Address: _____

City, State, Zip: _____

Home phone #: (____) _____

Work phone number: (____) _____

Cell phone/pager: (____) _____

Date of Birth: _____

Social Security#: _____

E-mail address: _____

Lawyer's Name and Bar Number: _____
(Provide this information only if YOU have an attorney)

Names, Dates of Birth, and Social Security Numbers for Minor Children Involved:		
Name:	DOB:	SSN:
Name:	DOB:	SSN:
Name:	DOB:	SSN:
Name:	DOB:	SSN:

Names and D/O/B's of any OTHER minor children of the petitioner and/or the respondent, who are NOT involved in this case: _____

Have there been any other cases (EXCLUDING minor traffic offenses) in any court involving members of this family? Yes No. If yes, please describe, and provide case numbers if known: _____

Domestic Violence Section

Is anyone mentioned on this cover sheet currently a victim of any family or domestic violence?

☐ Yes ☐ No

Has anyone listed on this cover sheet been the plaintiff, defendant, or named in a petition for an Order of Protection? ☐ Yes ☐ No

If Yes, please identify:

Was the Order of Protection granted by the Maricopa County Superior Court?

☐ Yes ☐ No

If No, in what court was the Order of Protection granted? _____

Children's Issues Section

Are any of the children named above in any physical danger due to abuse or neglect?

☐ Yes ☐ No

Has anyone named on this sheet had any involvement with Child Protective Services in Arizona?

☐ Yes ☐ No

If Yes, please provide the CPS or Juvenile Court case number: _____

INTERPRETER: Is an interpreter needed for either of the parties? If so, please check the appropriate boxes below. **NOTE: THIS IS NOT A REQUEST FOR AN INTERPRETER, THIS INFORMATION IS TO BE USED FOR INTERNAL PURPOSES ONLY.**

☐ Petitioner ☐ Respondent Language: ☐ Spanish ☐ Other _____

LOCATION (Check the Superior Court location where you are filing these documents):

☐ Downtown Phoenix (201 W. Jefferson St.) ☐ Northeast Phoenix (18380 N. 40th St.)

☐ Southeast Regional (222 E. Javelina, Mesa) ☐ Northwest Regional (14284 W. Tierra Buena, Surprise)

Name: _____
 Mailing Address: _____
 City, State, Zip Code: _____
 Daytime Phone Number: _____
 Evening Phone Number: _____
 Representing: ☐ Self ☐ Petitioner ☐ Respondent
 (If Attorney) State Bar Number: _____

SUPERIOR COURT OF ARIZONA IN MARICOPA COUNTY

_____ Petitioner	Case No. _____ ATLAS No. _____ SENSITIVE DATA SHEET (Not public record)
_____ Respondent	

Fill out. File with Clerk of Court. Omit Account Numbers and Social Security Numbers
 (except on "Orders of Assignment") when requested on other forms.

A. Personal Information:

	Name	Date of Birth <small>(Month/Day/Year)</small>	Social Security Number
Petitioner:	_____	_____	_____
Respondent:	_____	_____	_____
Child:	_____	_____	_____
Child:	_____	_____	_____
Child:	_____	_____	_____
Child:	_____	_____	_____

B. Financial Account Numbers (including credit cards, financial and investment accounts, debts):

Financial Institution	Type of Account	Name(s) of Account Owner	Account #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

C. Pension and Retirement Accounts (including IRAs, 401Ks):

Financial Institution	Type of Account	Name(s) of Account Owner	Account #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

D. Life Insurance Policies:

Insurance Company	Type of Policy	Name(s) of Policy Owner	Policy #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Name of Person Filing: _____
 Your Address: _____
 Your City, State, Zip Code: _____
 Your Telephone Number: _____
 ATLAS Number (if applicable): _____
 Attorney Bar Number (if applicable): _____
 Representing: ☐ Self (Without an Attorney) ☐ Petitioner ☐ Respondent

SUPERIOR COURT OF ARIZONA MARICOPA COUNTY

 Name of Petitioner Case No.: _____

SUMMONS

and

 Name of Respondent

WARNING: This is an official document from the court that affects your rights. Read this carefully. If you do not understand it, contact a lawyer for help.

FROM THE STATE OF ARIZONA TO: _____

Name of Respondent

1. A lawsuit has been filed against you. A copy of the lawsuit and other court papers are served on you with this *"Summons"*.
2. If you do not want a judgment or order taken against you without your input, you must file an *"Answer"* or a *"Response"* in writing with the court, and pay the filing fee. If you do not file an *"Answer"* or *"Response"* the other party may be given the relief requested in his/her Petition or Complaint. To file your *"Answer"* or *"Response"* take, or send, the *"Answer"* or *"Response"* to the Office of the Clerk of the Superior Court, 201 West Jefferson Street, Phoenix, Arizona 85003-2205 or the Office of the Clerk of the Superior Court, 18380 North 40th Street, Phoenix, Arizona 85032 OR Office of the Clerk of Superior Court, 222 East Javelina Drive, Mesa, Arizona 85210-6201 or Office of the Clerk of Superior Court, 14264 West Tierra Buena Lane, Surprise, Arizona, 85374. Mail a copy of your *"Response"* or *"Answer"* to the other party at the address listed on the top of this Summons.
3. If this *"Summons"* and the other court papers were served on you by a registered process server or the Sheriff, within the State of Arizona, your *"Response"* or *"Answer"* must be filed within TWENTY (20) CALENDAR DAYS from the date you were served, not counting the day you were served. If this *"Summons"* and the other papers were served on you by a registered process server or the Sheriff outside the State of Arizona, your Response must be filed within THIRTY (30) CALENDAR DAYS from the date you were served, not counting the day you were served. Service by a registered process server or the Sheriff is complete when made. Service by Publication is complete thirty (30) days after the date of the first publication.

Case No. _____

4. You can get a copy of the court papers filed in this case from the Petitioner at the address at the top of this paper, or from the Clerk of the Superior Court's Customer Service Center at 601 West Jackson, Phoenix, Arizona 85003 or at 222 East Javelina Drive, Mesa, Arizona 85210.
5. Requests for reasonable accommodation for persons with disabilities must be made to the office of the judge or commissioner assigned to the case, at least five (5) days before your scheduled court date.

SIGNED AND SEALED this date

MICHAEL JEANES, CLERK OF COURT

By _____
Deputy Clerk

Name of Person Filing: _____
 Your Address: _____
 Your City, State, Zip Code: _____
 Your Telephone Number: _____
 ATLAS Number (if applicable): _____
 Attorney Bar Number (if applicable): _____
 Representing ☐ Self (without Attorney) or ☐ Attorney for ☐ Petitioner or ☐ Respondent

SUPERIOR COURT OF ARIZONA MARICOPA COUNTY

Name of Petitioner

Case Number: _____

PRELIMINARY INJUNCTION

AND

Name of Respondent

WARNING: This is an official Order from the court. It affects your rights. Read this Order immediately and carefully. If you do not understand it, contact a lawyer for help.

Your spouse has filed a ***"Petition for Dissolution"*** (Divorce) or ***"Petition for Annulment"*** or ***"Petition for Legal Separation"*** with the court. This Order is made at the direction of the Presiding Judge of the Superior Court of Arizona in Maricopa County. This Order has the same force and effect as any order signed by the judge. You and your spouse **must** obey this Order. This Order may be enforced by any remedy available under the law, including an ***"Order of Contempt of Court."*** To help you understand this Order, we have provided this explanation. Read the explanation and then read the statute itself. **If you have any questions, you should contact a lawyer for help.**

EXPLANATION: (What does this Order mean to you?)

1. **ACTIONS FORBIDDEN BY THIS ORDER:** From the time the ***"Petition for Dissolution"*** (Divorce) or ***"Petition for Annulment"*** or ***"Petition for Legal Separation"*** is filed with the court, until the judge signs the Decree, or until further order of the court, both the Petitioner and the Respondent **shall not** do any of the following things:
 - ✓ You may **not** hide earnings or community property from your spouse, **AND**
 - ✓ You may **not** take out a loan on the community property, **AND**
 - ✓ You may **not** sell the community property or give it away to someone, **UNLESS** you have the written permission of your spouse or written permission from the court. The law allows for situations in which you may need to transfer joint or community property as part of the everyday running of a business, or if the sale of community property is necessary to meet necessities of life, such as food, shelter, or clothing, or court fees and attorney fees associated with this action. If this applies to you, you should see a lawyer for help, **AND**
 - ✓ Do **not** harass or bother your spouse or the children, **AND**
 - ✓ Do **not** physically abuse or threaten your spouse or the children, **AND**
 - ✓ Do **not** take the minor children, common to your marriage, out of the State of Arizona for any reasons, without a written agreement between you and your spouse or a Court Order, **before** you take the minor children out of the State.
 - ✓ Do **not** remove, or cause to be removed, the other party or the minor children of the parties from any existing insurance coverage, including medical, hospital, dental, automobile and disability insurance. Both parties shall maintain all insurance coverage in full force and effect.

STATUTORY REQUIREMENTS: Arizona Law, A.R.S. 25-315(A) provides:

- 1(a). **RESTRICTIONS ON PROPERTY OF THE MARRIAGE:** That both parties are enjoined from transferring, encumbering, concealing, selling, or otherwise disposing of any of the joint, common or community property of the parties, **except** if related to the usual course of business, the necessities of life, or court fees and reasonable attorney fees associated with an action filed under this article, without the written consent of the parties or the permission of the court.
- 1(b). **REQUIREMENTS OF BEHAVIOR:** That both parties are enjoined from molesting, harassing, disturbing the peace, or committing an assault or battery on, the person of the other party or any natural or adopted child of the parties.
- 1(c). **RESTRICTIONS ABOUT YOUR MINOR CHILDREN:** That both parties are enjoined from removing any natural or adopted minor child(ren) of the parties, then residing in Arizona, from the jurisdiction of the court without the prior written consent of the parties or the permission of the court.
- 1(d). **RESTRICTIONS ABOUT INSURANCE:** That both parties are enjoined from removing, or causing to be removed, the other party or the minor children of the parties from any existing insurance coverage, including medical, hospital, dental, automobile and disability insurance. Both parties shall maintain all insurance coverage in full force and effect.
2. **EFFECTIVE DATE OF THIS ORDER:** This Order is effective against the person who filed for divorce, annulment, or legal separation (the Petitioner) when the Petition was filed with the court. It is effective against the other party (the Respondent) when it is served on the other party, or on actual notice of the Order, whichever is sooner. This Order shall remain in effect until further order of the court, or the entry of a Decree of Dissolution, Annulment, or Legal Separation.
3. **ORDER TO PETITIONER:** You **must** serve a copy of this Order upon the Respondent, along with a copy of the Petition for Dissolution, Annulment or Legal Separation, the Summons, and other required court papers.
4. **WARNING:** This is an official Court Order. If you disobey this Order, the court may find you in contempt of court. You may also be arrested and prosecuted for the crime of interfering with judicial proceedings and any other crime you may have committed by disobeying this Order.
5. **LAW ENFORCEMENT:** You or your spouse may file a certified copy of this Order with your local law enforcement agency. You may obtain a certified copy from the Clerk of the Court that issues this Order. If any changes are made to this Order and you have filed a certified copy of this Order with your local law enforcement agency, you **must** notify them of the changes.

6. DESCRIPTION OF THE PARTIES:

Petitioner:

Name: _____
Height: _____
Driver's License No.: _____
Date of Birth: _____

Gender: ☐ Male ☐ Female
Weight: _____

Respondent:

Name: _____
Height: _____
Driver's License No.: _____
Date of Birth: _____

Gender: ☐ Male ☐ Female
Weight: _____

GIVEN UNDER MY HAND AND THE SEAL OF THE COURT this ____ day of _____, _____.

Clerk of the Superior Court

By: _____, Deputy Clerk

Name of Person Filing: _____
 Your Address: _____
 Your City, State, Zip Code: _____
 Your Telephone Number: _____
 ATLAS Number (if applicable): _____
 Attorney Bar Number (if applicable): _____
 Representing ☐ Self (Without Attorney) OR
☐ Attorney for ☐ Petitioner OR ☐ Respondent

SUPERIOR COURT OF ARIZONA IN MARICOPA COUNTY

(Name of Petitioner)

Case Number: _____

(Name of Respondent)

PETITION FOR DISSOLUTION OF A NON-COVENANT MARRIAGE (DIVORCE) -- WITH CHILDREN

STATEMENTS MADE TO THE COURT, UNDER OATH OR AFFIRMATION:

1. INFORMATION ABOUT ME, THE PETITIONER:

Name: _____
 Address: _____
 Date of Birth: _____
 Job Title: _____
 Starting with today number of months/years in a row, you, the Petitioner, have lived in Arizona: _____

2. INFORMATION ABOUT, MY SPOUSE, THE RESPONDENT:

Name: _____
 Address: _____
 Date of Birth: _____
 Job Title: _____
 Starting with today number of months/years in a row, you, the Petitioner, have lived in Arizona: _____

3. INFORMATION ABOUT MY MARRIAGE:

Date of Marriage: _____
 City and state or country where we were married: _____
☐ We do not have a covenant marriage. (Warning: You cannot use this paperwork, if this statement is not true. If you have questions about whether you have a covenant marriage, review your marriage license, review the checklist in this packet, and see a lawyer for help.)

4. 90 DAY RESIDENCY: (NOTE: One of the following statements must be true before you can file your case in Arizona.) The statement checked below applies to my situation.

☐ My spouse or I have lived in Arizona for at least 90 days before I filed this action.
or
☐ While a member of the Armed Forces, my spouse or I have been stationed in Arizona for at least 90 days before I filed this action.

5. DOMESTIC VIOLENCE: (If you intend to ask for joint custody, there must have been no significant domestic violence in your marriage. A.R.S. 25-303.03. Check the box to make a true statement: Significant domestic violence ☐ **has** or ☐ **has not occurred** during this marriage.)

6. CHILDREN OF THE PARTIES WHO ARE LESS THAN 18 YEARS OLD (check one box):

☐ There are **no** children under the age of 18 either born to, or adopted by, the parties.
NOTE: IF YOU CHECKED THIS BOX, STOP. YOU SHOULD BE USING THE PETITION PACKET TO GET A DIVORCE WITHOUT CHILDREN.

Case No. _____

- ☐ The following child(ren) are under age 18 and were born to or adopted by my spouse and me: (Attach extra pages if necessary).

Child's Name: _____
Birthdate: _____
Address: _____
Length of Time at Address: _____

Child's Name: _____
Birthdate: _____
Address: _____
Length of Time at Address: _____

Child's Name: _____
Birthdate: _____
Address: _____
Length of Time at Address: _____

Child's Name: _____
Birthdate: _____
Address: _____
Length of Time at Address: _____

7. PREGNANCY and PATERNITY: (check one box)

- ☐ Wife is **not** pregnant, OR
☐ Wife **is** pregnant

The baby is due on _____ (date), (and, check one box below):

- ☐ The Petitioner and Respondent are the parents of the child, OR
☐ Petitioner is **not** the parent of the child, OR.
☐ Respondent is **not** the parent of the child.
☐ A child or children was/were born before the marriage. The husband is the father of that child / those children named below:

8.a. COMMUNITY PROPERTY: (check one box)

- ☐ My spouse and I did not acquire any community property during the marriage, OR
☐ My spouse and I acquired community property during our marriage, and we should divide it as follows:

	Petitioner	Respondent	Value
<input type="checkbox"/> Real estate located at: _____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Legal Description: _____			

	Petitioner	Respondent	Value
<input type="checkbox"/> Real estate located at: _____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Legal Description: _____			

Case No. _____

<input type="checkbox"/>	Household furniture and appliances:	Petitioner	Respondent	Value
	_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
	_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
	_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
	_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
	_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____

<input type="checkbox"/>	Household furnishings:	Petitioner	Respondent	Value
	_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
	_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
	_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
	_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
	_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
	_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____

<input type="checkbox"/>	Other items:	Petitioner	Respondent	Value
	_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
	_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
	_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
	_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____

<input type="checkbox"/>	Pension/retirement fund/profit sharing/stock plan/401K:	Petitioner	Respondent	Value
	_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
	_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
	_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
	_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____

<input type="checkbox"/>	Motor vehicles:	Petitioner	Respondent	Value
	Make _____ Year: _____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
	Model _____	<input type="checkbox"/>	<input type="checkbox"/>	
	VIN _____			
	Lien Holder _____			
		Petitioner	Respondent	Value
	Make _____ Year: _____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
	Model _____			
	VIN _____			
	Lien Holder _____			

8.b. SEPARATE PROPERTY: (Check all boxes that apply.)

- ☐ I do not have any property that I brought into the marriage or separate property.
- ☐ My spouse, the Respondent does not have any property that he or she brought into the marriage or separate property.
- ☐ I have property that I brought into the marriage or I have separate property. I want this property awarded to me as described below.
- ☐ My spouse, the Respondent, has property that he or she brought into the marriage or has separate property. I want this property awarded to my spouse as described below.

Case No. _____

Separate Property: (On the next page, list the property and the value of the property, and check the box to tell the Court who should get the property.)

Description of Separate Property	Petitioner	Respondent	Value
_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____

9.a. COMMUNITY DEBTS: (check one box)

- ☐ My spouse and I did not incur any community debts during the marriage, OR
☐ We should divide the responsibility for the debts incurred during the marriage as follows:

DESCRIPTION OF DEBT	Petitioner	Respondent	Amount Owed
_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____

9.b. SEPARATE DEBTS: (Check all boxes that apply.)

- ☐ My spouse and I do **not** have any debts that were incurred prior to the marriage or separate debt;
☐ I have separate debt or debt that I incurred prior to the marriage that should be paid by me as described below;
☐ My spouse has separate debt or debt that he or she incurred prior to the marriage that should be paid by my spouse as described below.

DESCRIPTION OF DEBT	Petitioner	Respondent	Amount Owed
_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____

10. TAX RETURNS: (Check this box if this is what you want).

- ☐ After the judge or commissioner signs the Decree of Dissolution of Marriage (Divorce), we will, subject to IRS Rules and Regulations, pay federal and state taxes as follows: For previous years (the years we were married, **not** including the year the Decree was signed), the parties will file joint federal and state income tax returns. In addition, for previous calendar years, both parties will pay, and hold the other harmless from, 1/2 of all additional income taxes if any and other costs, and each will share equally in any refunds. For the calendar year (the year that the Decree is signed) and all future calendar years, each party will, subject to IRS Rules and Regulations, file separate federal and state income tax returns. Each party will give the other party all necessary documentation to do so.

11. SPOUSAL MAINTENANCE/SUPPORT (ALIMONY) (check the box that applies to you):

- ☐ Neither party is entitled to spousal maintenance/support (alimony), OR
☐ Petitioner OR ☐ Respondent is entitled to spousal maintenance/support because: (Check one or more of the box(es) on the next page that apply. At least one reason must apply to get spousal maintenance/ support.)

- ☐ Person lacks sufficient property to provide for his/her reasonable needs;
☐ Person is unable to support himself/herself through appropriate employment;
☐ Person is the custodian of a child(ren) whose age or condition is such that the person should not be required to seek employment outside the home;
☐ Person lacks earning ability in the labor market adequate to support himself/herself; and
☐ Person contributed to the educational opportunities of the other spouse or had a marriage of long duration and is now of an age that precludes the possibility of gaining employment adequate to support himself/herself.

12. OTHER STATEMENTS TO THE COURT UNDER OATH OR AFFIRMATION: To file for divorce of non-covenant marriage, you must be able to tell the court that the following statements are true. If the statements are not true, you cannot file for divorce until the statements are true. Check the box in front of each statement if the statement is true.

- ☐ TRUE My marriage is irretrievably broken and there is no reasonable prospect of reconciliation. (My marriage is over.)
☐ TRUE My spouse and I have attempted to resolve our problems by using Conciliation Services, or going to Conciliation Services to try resolve our problems would not work.
☐ TRUE This court has jurisdiction to decide child custody matters under Arizona law.

13. WRITTEN CUSTODY AGREEMENT: (Check the boxes that apply, if they apply)

- ☐ My spouse and I have a written agreement signed by both of us about the custody, visitation, and child support for our child(ren).
☐ I have attached a copy of the written agreement.

REQUESTS TO THE COURT:

A. DISSOLUTION (DIVORCE):

- ☐ Dissolve our marriage and return each party to the status of a single person;

NAMES:

I took the name of my spouse at the time of marriage and I want to restore my last name to the name I used before this marriage or to my maiden name.

My complete married name is:

--	--	--

I want my name restored to: (List complete maiden or legal name before this marriage):

--	--	--

WARNING: If you are not the person who is requesting to have your former name restored, the court must have a written request from the party who wants his or her name restored to change the name.

B. PATERNITY and CHILDREN'S NAMES: Declare the husband to be the father of the following named child(ren) born before the marriage and (optional) change the legal name of those children to the the name listed on the right, below :

Current Legal Name

(OPTIONAL) Change the name of the child to:
New Name

C. CHILD CUSTODY AND VISITATION: Award custody and visitation of the children under the age of 18 years and common to the parties, whether by birth or adoption, as follows: (Check either the sole custody box or the joint custody box. If you check the sole custody box, check only one box related to visitation.)

- C.1.** ☐ **SOLE CUSTODY** of the minor child(ren) awarded to ☐ Petitioner OR ☐ Respondent, subject to visitation as follows:
- ☐ **Reasonable Visitation** rights to the parent not having custody, as will be described in the Parenting Plan attached to the Divorce Decree.
- ☐ **Supervised Visitation** between the children and the ☐ Petitioner OR ☐ Respondent is in the best interest of the children because: (Explain the reasons for need for supervised visitation. Use extra paper if necessary.) _____
- _____
 Name of the person who will supervise: _____
- Requested restrictions on visitation: (explain here) _____
- _____

- The cost of supervised parent/child access will be paid by ☐ the parent being supervised; ☐ the parent having custody; ☐ shared equally by the parties.
- ☐ **No Visitation** rights to the parent not having custody is in the best interests of the child(ren) because: (Explain the reasons for no visitation. Use extra paper if necessary): _____
- _____

OR

- C.2.** ☐ **JOINT CUSTODY:** Petitioner and Respondent agree to act as joint custodians of the minor child(ren) as set forth in the Joint Custody Agreement signed by the parties, if the court agrees with the Joint Custody Agreement. (For joint custody, there must have been no "significant" domestic violence in your marriage. A.R.S. 25-303.03)

D. CHILD SUPPORT: Order that child support will be paid by: ☐ Petitioner, OR ☐ Respondent in a reasonable amount as determined by the court under the Arizona Child Support Guidelines. Support payments will begin on the first day of the first month following the entry of the divorce decree. These payments, and a fee for handling, will be paid through the Support Payment Clearinghouse and collected by automatic wage assignment.

E. MEDICAL, DENTAL, VISION CARE FOR MINOR CHILDREN: Order that

- ☐ **Petitioner** is responsible for providing: ☐ medical ☐ dental ☐ vision care insurance.
- ☐ **Respondent** is responsible for providing: ☐ medical ☐ dental ☐ vision care insurance.

Petitioner and Respondent will pay for all reasonable unreimbursed medical, dental, and health-related expenses incurred for the child(ren) in proportion to their respective incomes.

Case No. _____

- F. TAX EXEMPTION:** The parties will claim the children as income tax dependency exemptions on federal and state income tax returns as follows:

Parent entitled to claim	Name of child	Current tax year	Later tax years
<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent			
<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent			
<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent			
<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent			

- G. SPOUSAL MAINTENANCE (ALIMONY):** ☐ Order spousal support to be paid by ☐ Petitioner, or ☐ Respondent in the amount of _____ per month beginning with the first day of the month after the Judicial Officer signs the Decree and continuing until the person receiving spousal maintenance remarries or either party is deceased, or for a period of _____ months. These payments, and a fee for handling, will be paid through the Support Payment Clearinghouse.

- H. COMMUNITY PROPERTY:** Make a fair division of all community property.

- I. COMMUNITY DEBTS:** Order each party to pay community debts as requested in the Petition, and to pay any other community debts unknown to the other party. Order each party to pay and hold the other party harmless from debts incurred by him/her since the parties separation on _____ or the date the Respondent was served with the Petition for Dissolution.

- J. SEPARATE PROPERTY and DEBT:** Award each party his/her separate property and make each party pay his/her own separate debt.

- K. OTHER ORDERS I AM REQUESTING** (Explain request here):

OATH OR AFFIRMATION AND VERIFICATION

I swear or affirm that the information on this document is true and correct under penalty of perjury.

Signature

Date

Sworn to or Affirmed before me this: _____ by _____
(date)

Seal/My Commission Expires: _____
Deputy Clerk or Notary Public

**NOTICE OF YOUR RIGHTS ABOUT
HEALTH INSURANCE COVERAGE
WHEN A PETITION FOR DISSOLUTION (DIVORCE)
IS FILED (A.R.S. 20-1377 and 20-1408)**

WARNING: THIS IS AN IMPORTANT LEGAL NOTICE. YOUR RIGHTS TO HEALTH INSURANCE COVERAGE COULD BE AFFECTED AFTER YOUR DIVORCE IS FINAL. READ THIS NOTICE CAREFULLY. IF YOU DO NOT UNDERSTAND THIS NOTICE, YOU SHOULD CALL AN ATTORNEY FOR ADVICE ABOUT YOUR LEGAL RIGHTS AND OBLIGATIONS.

IMPORTANT INFORMATION IF YOU ARE ON YOUR SPOUSE'S INSURANCE PLAN: When a Petition for Dissolution of Marriage (papers for a divorce decree) is filed, you and/or your children may continue to be covered under your spouse's health insurance policy. Arizona law allows the dependent spouse and/or children to continue to be covered, but you must take some steps to protect your rights.

WHAT INSURANCE COVERAGE APPLIES TO YOU, AND HOW TO GET IT: If you are covered by your spouse's health insurance, and you want to continue to be covered after the divorce is final, you **must** contact the insurance company as soon as possible, and you **must** start to pay the monthly insurance premium within 31 days of the date the insurance would otherwise stop.

If you decide you want to be covered, the insurer can choose whether to continue coverage under the current policy, or to change the policy to your name. If the policy is changed to your name, it is called a "converted"; policy. If the policy is converted by the insurer, the insurer must provide you the same or the most similar level of coverage available, unless you ask for a lower level of coverage.

WHAT COVERAGE APPLIES TO YOUR CHILDREN: If you choose to continue coverage as a dependent spouse, you can also choose to continue coverage for your dependent children if you are responsible for their care or support.

PREEXISTING CONDITIONS OR EXCLUSIONS FROM INSURANCE COVERAGE: Whether the insurance is continued or converted, the insurance must be provided to you without proof of insurability and without exclusions for coverage other than what was previously excluded before the insurance was continued or converted.

LIMITS ON RIGHTS TO INSURANCE COVERAGE FOR YOU AND YOUR CHILDREN: You may **not** be entitled to continued or converted coverage if you are eligible for Medicare or for coverage by other similar types of insurance which together with the continued coverage would make you over-insured. However, dependent children of a person who is eligible for Medicare may be covered by a continuance or a conversion. If you have questions about coverage, check with the insurer and/or the spouse's employer.

WARNING TO THE SPOUSE FILING THE PETITION FOR DISSOLUTION (DIVORCE): This Notice must be served on your spouse together with the Petition for Dissolution, the Summons, and the Preliminary Injunction.

SUPERIOR COURT OF ARIZONA MARICOPA COUNTY

Name of Petitioner

Case Number: _____

ORDER AND NOTICE TO ATTEND PARENT INFORMATION PROGRAM CLASS

Name of Respondent

READ ME. This is an Official Court Order. If you fail to obey this Order, the court may find you in Contempt of Court.

THE COURT FINDS:

This case involves minor child(ren) and is an action for:

- ☐ Dissolution of Marriage;
- ☐ Legal Separation; or
- ☐ Paternity with a Request to Determine Custody or Parenting Time or Child Support.
- ☐ Request to Determine Custody or Parenting Time or Support

THE COURT ORDERS pursuant to ARS § 25-352:

1. **ATTEND CLASS.** You must attend and complete the Parent Information Program Class.
2. **WITHIN 45 DAYS.** Both the Petitioner and the Respondent **must** complete this class within 45 days from the date the Respondent is served with, or accepts service of, the Petition/Complaint. The Respondent **must** register for and complete the course whether or not a **"Response"** or **"Answer"** to the Petition/Complaint is filed.
3. **PAY THE CLASS FEE.** Each party must pay the class fee to the Program Provider, or obtain a fee deferral or waiver.
4. **FILE CERTIFICATE OF COMPLETION.** Both the Petitioner and the Respondent **must** each file a **"Certificate of Completion"** with the Clerk of the Court immediately after completing the class and prior to receiving the final judgment/order/decree in the case.
5. **FAILURE TO ATTEND CLASS.** If you file a Petition/Complaint or **"Response"** or **"Answer"** and do **not** complete the Parent Information Program Class, the judge **may not** sign your papers and you **may not** get the things you asked the court to give you. You may also be denied the right to seek modification and/or enforcement of the decree/judgment/order until completion of the class. If you are the party required to file a Response/Answer and choose not to file a **"Response"** or **"Answer,"** and do not complete the Parent Information Program Class, you **may be denied** the right to seek modification and/or enforcement of the decree/judgment/order until completion of the class.

Norman J. Davis

Presiding Judge, Family Court Department

PARENT INFORMATION PROGRAM NOTICE

Parent Information Program - This is a very important document. Read it completely. You and the other parent **must** attend and complete a class in the **PARENT INFORMATION PROGRAM**. You do **NOT** attend the class with the other parent. As a precaution against any type of abuse or harassment, you and the other parent **MUST** attend **SEPARATE** classes. This is **NOT** a parenting skills class. The purpose of the program is to give parents information about how children are affected by matters that involve family courts: divorce, paternity, or custody matters and parenting time. This Notice applies to all parents who file any of the following actions in the Superior Court of Arizona in Maricopa County on or after January 1, 1997:

- (1) dissolution of marriage or legal separation that involves a natural or adopted minor, un-emancipated child common to the parties, or
- (2) paternity with a request that the court determine custody or parenting time or child support, or
- (3) any other domestic relations cases if attendance is ordered by the court.

WARNING: ATTENDANCE IS REQUIRED. (A.R.S. § 25-352 and Administrative Order No. 96-078).

ATTENDANCE AT THE PARENT INFORMATION CLASS IS REQUIRED BY LAW AND BY THIS COURT. IF YOU DO NOT ATTEND THE CLASS, THE JUDGE MAY NOT SIGN YOUR PAPERS AND YOU MAY NOT GET THE THINGS YOU ASKED THE COURT TO DO. THE JUDGE MAY ALSO FIND YOU IN CONTEMPT OF COURT.

Notice to Other Party.

After you file your court papers with the Court, you must serve this document on the other parent. If you have questions on how to serve the other party, the Self-Service Center has forms and instructions on service. There are four Self-Service Center locations; one in downtown Phoenix on the first floor of the East Court Building located at 101 West Jefferson Street; one in northeast Phoenix at 18380 N. 40th St.; one in the east valley in the Southeast Complex located at 222 East Javelina Avenue in Mesa and one in the northwest valley located at 14264 W. Tierra Buena Lane in Surprise.

Parent Information Class.

You may choose which class you want to attend. A list of approved classes is provided along with this Notice. These classes meet the requirements of the Parent Information Program. You may also choose to attend a different class that is comparable to the classes listed. However, you will have to tell the judge why that class is like the classes on the list of approved classes and you may have to provide all the materials from that class and information about it to show it is comparable. It will be up to the judge to decide if that class meets Parent Information Program requirements.

Registration (sign-up) for class.

You must sign up for the class in advance. You should sign up for the class as soon as you receive this Notice. There may be a limit on the number of people that can attend each class. That means that YOU MUST CALL TO SIGN UP for the class BEFORE the class is scheduled to start. The telephone numbers for all of the Court-approved provider classes are included on the attached list of approved classes.

Information regarding the provider classes and ONLINE REGISTRATION opportunities may be found on the Conciliation Services website at:

<http://www.superiorcourt.maricopa.gov/conciliation/index.asp>

Cost.

- (1) You are required to pay the provider of the class the fee it charges. **Effective September 22, 2003, the fee for the class may be no more than forty dollars (\$40.00).** You must bring your case number and a picture I.D. to the class.
- (2) If you choose a class that is not listed, you are required to pay the provider of that class the fee it charges. The provider of the class may charge you whatever it wants.
- (3) If your filing fees have been waived or deferred, you must bring a copy of your certificate of waiver or deferral to the program listed.

Class procedures.

Arrive at the class a few minutes early to check in. **You must check in at the class and you must check out of the class. If you do not check in and out, your attendance may not be counted.** You must bring picture identification with you. **DO NOT BRING CHILDREN TO THE CLASS.** A **"Certificate of Completion"** of the

class will be given to you at the end of the class. After you have attended the class and have received the **"Certificate of Completion"**, you must bring the certificate to the court and file it with the Clerk of the Court.

Remember to bring your case number to the class.

Special needs and/or Questions.

If, due to a disability, you need special accommodations to attend this class, or if you have any questions about the Parent Information Program, please contact the Maricopa County Parent Information Program office at 201 West Jefferson Street, third floor, Phoenix, Arizona, or telephone 602-506-1448 when you receive this Notice.

APPROVED PARENT INFORMATION PROGRAM CLASSES

MARICOPA COUNTY

CENTRAL VALLEY**Phoenix**

Arizona Interfaith Counseling-5510 N. Central (First United Methodist Church),
Phoenix, AZ 85012
480-969-2783 (English and Spanish Speaking Classes)

Arizona Priority Education and Counseling-8101 N Black Canyon Hwy.
(Best Western Metro Inn), Phoenix, AZ 85021 (Northern/I-17 NE Corner)
www.AzPEC.com or 602-485-1200

Arizona Priority Education and Counseling-2346 N. Central Ave (ChildHelp),
Phoenix, AZ 85004 (Central between McDowell & Thomas)
www.AzPEC.com or 602-485-1200

Arizona Priority Education and Counseling-350 W. Thomas Road (St. Joseph's Hospital),
Phoenix, AZ 85006
www.AzPEC.com or 602-485-1200

Arizona Priority Education and Counseling-715 W Mariposa (Florence Crittenton Services of
Arizona), Phoenix, AZ 85013 (7th Avenue, just south of Camelback)
www.AzPEC.com or 602-485-1200 English and/or Spanish Speaking Classes

Arizona Priority Education and Counseling-1111 East McDowell Road,
Phoenix, AZ 85006 (Banner Good Samaritan Hospital)
www.AzPEC.com or 602-485-1200

Center For Families In Transition-5757 N. Central Ave. (North Phoenix Baptist,
Family Life Center Rm. 100), Phoenix, AZ 85012
www.DivorceandKids.com or 480-946-9680

Phoenix Interfaith Counseling-555 W. Glendale Ave (The Church of Beatitudes),
Phoenix, AZ 85021
www.pipclasses.com or 602-971-8207

NORTHEAST VALLEY

Paradise Valley

Arizona Interfaith Counseling-3535 E. Lincoln Dr. (Palo Cristi Presbyterian Church),
Paradise Valley, AZ 85253
480-969-2783

Phoenix

Arizona Priority Education and Counseling-3929 E. Bell Rd. (Paradise Valley Hospital),
Phoenix, AZ 85032
www.AzPEC.com or 602-485-1200

Center For Families In Transition-18401 N. 32nd St. (Paradise Valley Community College),
Phoenix, AZ 85032
www.centerforfamilies.net or 602-694-4906

Center For Families In Transition-3929 E. Bell Road (Paradise Valley Hospital),
Phoenix, AZ 85032
www.centerforfamilies.net or 602-694-4906

Phoenix Interfaith Counseling-3929 E. Bell Rd. (Paradise Valley Hospital),
Phoenix, AZ 85032
www.pipclasses.com or 602-971-8207

Scottsdale

Arizona Priority Education and Counseling -12701 N. Scottsdale Rd, Scottsdale, Az 85254
(Ina Levine JCC)
www.AzPEC.com or 602-485-1200

Center For Families In Transition-8801 E. Raintree Drive (University of Phoenix, Bldg.
100 Room 112), Scottsdale, AZ 85260
www.centerforfamilies.net or 602-694-4906

Center For Families In Transition-8860 E. Chaparral Rd. (Western International University)
Scottsdale, AZ 85250
www.centerforfamilies.net or 602-694-4906
(No classes are currently being held here)

Center For Families In Transition – 8655 E. Via De Ventura suite G-200, 2nd floor conference room,
Scottsdale, AZ 85258
www.centerforfamilies.net or 602-694-4906

NORTHWEST VALLEY

Glendale

Phoenix Interfaith Counseling-21000 N. 75th Ave. (Community Church of Joy),
Glendale, AZ 85308
www.pipclasses.com or 602-971-8207

Phoenix Interfaith Counseling-6670 W. Sack Dr. (Arrowhead Community Hospital),
Glendale, AZ 85308
www.pipclasses.com or 602-971-8207

Litchfield Park

Phoenix Interfaith Counseling-300 N. Old Litchfield Road (Church of Litchfield Park),
Litchfield Park, AZ 85340
www.pipclasses.com or 602-971-8207

Phoenix

Arizona Priority Education and Counseling-19829 N. 27th Ave. (John C. Lincoln Hospital),
Phoenix, AZ 85027 (I-10/I-17)
www.AzPEC.com or 602-485-1200

Center For Families In Transition-15601 N. 28th Ave. (University of Phoenix),
Phoenix, AZ 85053
www.centerforfamilies.net or 602-694-4906

Surprise

Arizona Priority Education and Counseling-16089 N. Bullard (Surprise Northwest
Regional Library, Surprise, AZ 85374
www.AzPEC.com or 602-485-1200

Arizona Priority Education and Counseling-16741 N. Greasewood (Surprise Quality Inn & Suites),
Surprise, AZ 85374
www.AzPEC.com or 602-485-1200

SOUTHWEST VALLEY

Arizona Priority Education and Counseling-9201 W. Thomas Road (Banner Estrella Medical
Center), Phoenix, AZ 85037 (Conference Center)
www.AzPEC.com or 602-485-1200

SOUTHEAST VALLEY

Ahwatukee

Arizona Priority Education and Counseling-5121 E. LaPuente Ave Phoenix, Az 85044 (Clarion
Hotel I-10 and Elliot Road)
www.AzPEC.com or 602-485-1200

Center For Families In Transition-5001 E. Cheyenne Drive (Ahwatukee Recreation Center),
Phoenix, AZ 85044
480-855-0075

Chandler

Arizona Priority Education and Counseling-250 E. Chicago St (Chandler Police
Department/Community Meeting Room) Chandler, AZ 85225
www.AzPEC.com or 602-485-1200
English and/or Spanish Speaking Classes

Gilbert

Center For Families In Transition-1380 E. Guadalupe Road (New Hope Community Church),
Gilbert, AZ 85234
www.DivorceAndKids.com or 480-946-9680 Spanish: 480-773-0966

Center For Families In Transition-456 E. Ray Road (Sun Valley Community Church),
Gilbert, AZ 85233
480-855-0075

Mesa

Arizona Interfaith Counseling-2024 E. University Drive (Grace United Methodist Church, Room
501), Mesa, AZ 85213
480-969-2783

Arizona Priority Education and Counseling-6644 E. Baywood Ave., (Banner Baywood Medical
Center) Mesa, AZ 85206 (Superstition Room) West of Power Rd between Broadway & Main
www.AzPEC.com or 602-485-1200
English and/or Spanish Speaking Classes

Center For Families In Transition-2130 E. University Drive (Trinity Baptist), Mesa, AZ 85213
www.DivorceAndKids.com or 480-946-9680

Center For Families In Transition-6530 E. Superstition Springs Blvd. (La Quinta Inn),
Mesa AZ 85206
www.DivorceAndKids.com or 480-946-9680

Center For Families In Transition-1620 S. Stapley Dr. (University of Phoenix building),
Mesa AZ 85204
www.DivorceAndKids.com or 480-946-9680

Phoenix

Arizona Priority Education and Counseling – Clarion Hotel – Ahwatukee 5121 E. LaPuente Ave
Phoenix, Az 85044 Elloit Rd and I-10
www.AzPEC.com or 602-485-1200

Arizona Priority Education and Counseling-7050 S. 24th St. (South Mountain Community College),
Student Union Room 100B Phoenix, AZ 85042 www.AzPEC.com or 602-485-1200
English and/or Spanish Speaking Classes

Center For Families In Transition-15221 S. 50th St. (Holiday Inn Express), Phoenix, AZ 85044
www.DivorceAndKids.com or 480-946-9680

Tempe

Arizona Interfaith Counseling-1565 E. Warner (Mission Del Sol, Room 208),
Tempe, AZ 85284
480-969-2783

Arizona Priority Education and Counseling -5300 S. Priest Dr., Tempe, AZ 85283 (Holiday Inn Express Tempe) Priest just south of Baseline
www.AzPEC.com or 602-485-1200

Center For Families In Transition-6240 S. Price Road (Bethany Community Church, Rm. F-5),
Tempe, AZ 85283
480-855-0075

Center For Families In Transition -670 N. Scottsdale Road (Best Western Inn of Tempe),
Tempe, AZ 85281
www.DivorceAndKids.com or 480-946-9680

Phoenix Interfaith Counseling-3910 S. Rural Road Ste J, Tempe, AZ 85282
www.pipclasses.com or 602-971-8207

Queen Creek

Arizona Priority Education and Counseling -22359 S. Ellsworth, Queen Creek, Az
85242 (Queen Creek Chamber of Commerce)
www.AzPEC.com or 602-485-1200

WEST VALLEY

Avondale

Arizona Priority Education and Counseling – 3000 N Dysart Rd (Estrella Mountain Community College), Avondale, AZ 85323
www.AzPEC.com or 602-485-1200
Spanish Speaking Classes

Phoenix Interfaith Counseling-3000 North Dysart Rd (Estrella Mountain Comm. College), Avondale, AZ 85323
www.pipclasses.com or 602-971-8207

Glendale

Phoenix Interfaith Counseling -4444 W. Northern Ave. Ste D-2 (Apollo Professional Plaza),
Glendale, AZ 85301
www.pipclasses.com or 602-971-8207 (English and Spanish Speaking classes available)

ALL OF THE ABOVE PROVIDERS ARE REQUIRED TO ACCOMMODATE THE NEEDS OF SPANISH SPEAKING CLIENTS.

SPECIAL NEEDS OR ACCOMMODATIONS

If, due to a disability, language problem, or other special need, you have difficulty finding a Parent Information Class that can accommodate you, please contact the Maricopa County Parent Information Program office, telephone number (602) 506-1448, for assistance.

PLEASE NOTE: You do NOT attend the class with the other parent. As a precaution against any type of abuse or harassment, you and the other parent **MUST** attend **SEPARATE** classes. You may each take the class from the same agency, but **NOT** at the same time.

You may choose which class you want to attend. The court will not assign you to attend a specific class. If you are led to believe otherwise, please contact the Parent Information Program office at 602-506-1448.

Name of Person Filing Document: _____
 Your Address: _____
 Your City, State, and Zip Code: _____
 Your Telephone Number: _____
 Atlas Number (if applicable): _____
 Attorney Bar Number (if applicable): _____
 Representing ☐ Self (Without Attorney) OR
 Attorney for ☐ Petitioner OR ☐ Respondent

SUPERIOR COURT OF ARIZONA MARICOPA COUNTY

Name of Petitioner

Case Number: _____

and

AFFIDAVIT REGARDING MINOR CHILDREN

Name of Respondent

NOTICE: This "Affidavit Regarding Minor Children" is required for all custody cases. You must fill out this Affidavit completely, and provide accurate information. Use additional paper if necessary. You must give copies of this Affidavit and all other required documents to the other party, and to the judge.

- 1. CHILDREN OF THE PARTIES WHO ARE UNDER 18 YEARS OLD.** The following child(ren) are under age 18 and were born to, or adopted by, me and the other party.

Name _____
 Birthdate: _____ Age: _____
 Name _____
 Birthdate: _____ Age: _____

Name _____
 Birthdate: _____ Age: _____
 Name _____
 Birthdate: _____ Age: _____

- 2. INFORMATION REGARDING WHERE THE CHILDREN UNDER 18 YEARS OLD HAVE LIVED FOR THE LAST 5 YEARS.**

Child's Name: _____
 Address: _____
 City, State: _____

Dates: From _____ To _____
 Lived with: _____
 Relationship to Child: _____

Child's Name: _____
 Address: _____
 City, State: _____

Dates: From _____ To _____
 Lived with: _____
 Relationship to Child: _____

Child's Name: _____
 Address: _____
 City, State: _____

Dates: From _____ To _____
 Lived with: _____
 Relationship to Child: _____

- 3. COURT CASES IN WHICH I HAVE BEEN A PARTY/WITNESS THAT INVOLVED THE CUSTODY PARENTING TIME OF THE CHILD(REN).** (Check one box.)

☐ I have or ☐ I have **not** been a party/witness in court in this state or in any other state that involved the custody parenting time of the child(ren) named above. (If so, explain on separate paper,. If not, go on.)

Case No. _____

Name of each child: _____
Name of Court: _____ Court Location: _____
Court Case Number: _____ Current Status: _____
How the child is involved: _____
Summary of any Court Order: _____

4. INFORMATION REGARDING PENDING COURT CASES RELATED TO THE CUSTODY OF THE CHILD(REN). (Check one box.)

☐ I do have or ☐ I do not have information about a custody parenting time court case relating to any of the children named above that is pending in this state or in any other state. (If so, explain. If not, go on.)

Name of each child: _____
Name of Court: _____ Court Location: _____
Court Case Number: _____ Current Status: _____
How the child is involved: _____
Summary of any Court Order: _____

5. CUSTODY OR PARENTING TIME CLAIMS OF ANY PERSON. (Check one box.)

☐ I do know or ☐ I do not know a person other than the Petitioner or the Respondent who has physical custody or who claims custody or parenting time rights to any of the children named in this Affidavit. (If so, explain below. If not, go on.)

Name of each child: _____
Name of person with the claim: _____
Address of person with the claim: _____
Nature of the claim: _____

OATH AND VERIFICATION

State of Arizona)
Maricopa County) sworn statement

I have read the "***Affidavit of Minor Children***" and know of my own knowledge that the information stated in it is true and correct, and that any false information may constitute perjury by me.

Name of Person Making Affidavit

Subscribed and sworn to before me on this date: _____
(month, day, year)

My commission expires: _____
Notary Public

Name of Person Filing: _____
 Your Address: _____
 Your City, State, Zip Code: _____
 Your Telephone Number: _____
 ATLAS Number (if applicable): _____
 Representing ☐ Self (Without Attorney) or ☐ Attorney for _____

SUPERIOR COURT OF ARIZONA IN MARICOPA COUNTY

 Name of Petitioner

Case Number: _____

NOTICE REGARDING CREDITORS

 Name of Respondent

ARIZONA LAW REQUIRES all actions for **DIVORCE** or **LEGAL SEPARATION** to include this **NOTICE** and for the person filing for Divorce or Legal Separation to **SERVE** this **NOTICE** on the other party. (ARS 25-318(F)).

YOU AND YOUR SPOUSE ARE RESPONSIBLE FOR COMMUNITY DEBTS. The court usually requires/orders one spouse or the other to pay certain community debts in, or through, the Decree of Dissolution or Legal Separation. A court order that does this is binding on the spouses **only, not the creditors**. You and your spouse are legally responsible for these community debts whether you are married, divorced, or legally separated. These debts are matters of contract between **both of you** and your creditors (such as banks, credit unions, credit card companies, utility companies, medical providers and retailers). On request, the court may impose a lien against the separate property of a spouse to secure payment of certain community debts.

CONTACT CREDITORS: You may want to contact your creditors to discuss the debts and the effects of your divorce/legal separation on your debts. To assist you in identifying your creditors, you may obtain a copy of your spouse's credit report by making a written request to the court for an order requiring a credit reporting agency to release the report to you. The credit report will help you identify accounts, account numbers and account balances. In addition, within thirty **(30)** days after receipt of a request from a spouse who is party to a divorce or legal separation, which includes the court and cause number of the action, creditors are required, by law, to provide information as to the balance and account status of any debts for which you or your spouse may be liable to the creditor.

WARNING: If you do not understand this notice, you should contact an attorney for advice about your legal rights and obligations.

The following page contains a sample form you may choose to mail to creditors to get information about debts owed by you or your spouse. It is not a required form.
DO NOT FILE THE NEXT PAGE WITH THE COURT.

REQUEST FOR ACCOUNT INFORMATION FROM CREDITORS

You may use this form to request information about debt owed by you or your spouse.
If so, send to the creditor. **DO NOT FILE THIS PAGE WITH THE COURT.**

DATE: _____

CREDITOR'S NAME: _____

CREDITOR'S ADDRESS: _____

Regarding: Superior Court of Arizona in Maricopa County

Case Name: _____

Case Number: _____

Pursuant to Arizona State Law (ARS 25-318), this letter requests the balance and account status of any debt for which the following individuals may be liable to you. (Arizona law requires that you provide this information within thirty (30) days of receipt of this letter.)

INFORMATION ABOUT DEBTORS/SPOUSES:

Your Name: _____

Your Address: _____

Your Phone Number: _____

Your Spouse's Name: _____

Your Spouse's Address: _____

INFORMATION ABOUT THE ACCOUNT:

Account Number(s): _____

If you have any questions or if I can be of further assistance, please feel free to contact me.

Sincerely,

Your name: _____

Your signature: _____